



03500.015325

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

KO ISHIZUKA

Application No.: 09/840,116

Filed: April 24, 2001

For: DISPLACEMENT DETECTION
APPARATUS, AND MAGNETIC
RECORDING APPARATUS AND
ENCODER USING THE
DISPLACEMENT DETECTION
APPARATUS

Examiner: K. Wong

Group Art Unit: 2651

February 9, 2003
(Monday)

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FEB 12 2004

Technology Center 2600

#8/B
2-17-04

MAIL STOP NON-FEE AMENDMENT

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated November 7, 2003, Applicant respectfully requests that the following amendments and remarks be entered and considered in the above-identified application.



2651

In re Application of:

Docket No. 03500.015325

KO ISHIZUKA

Application No.: 09/840,116

Examiner: K Wong

Filed: April 4, 2001

Group Art Unit: 2651

For: DISPLACEMENT DETECTION
APPARATUS, AND MAGNETIC
RECORDING APPARATUS AND
ENCODER USING THE DISPLACEMENT
DETECTION APPARATUS

Date: February 9, 2004

MAIL STOP NON-FEE AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14	MINUS	20	0	x \$9 \$18	0
INDEP. CLAIMS	7	MINUS	11	0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



Attorney for Applicant

Reg. No. 32,078

FITZPATRICK, CELLA, HARPER & SCINTO
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